



103 Eisenhower Parkway, Suite 101, Roseland, NJ 07068
1-800-845-1209 • (973) 830-8500 • Fax: (973) 830-8585
www.jjnegley.com

Property Insurance Application

NEGLEY
ASSOCIATES
INSURANCE SERVICES

103 Eisenhower Parkway, Suite 101, Roseland, NJ 07068
1-800-845-1209 • 973-830-8500 • Fax: 973-830-8585
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**PROPERTY INSURANCE
APPLICATION**

1. Name of Insured _____

2. Mailing Address:

Street _____ County _____

City _____ Phone # _____

State _____ Zip _____ Fax # _____

Person to Contact for Inspection _____ Phone# _____

3. Insured is: Individual Partnership Corporation, for profit Corporation, nonprofit
 Trust LLC

4. Current Property Insurance:

Insurance Company: _____ Expiration Date _____ Premium _____

5. Have there been any losses in the last five years? Yes No If yes, list below:

Description of loss	Date of Loss	Amount Paid or Reserved
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Has any company cancelled or declined to renew insurance? Yes No

If yes, please explain.

7. Number of locations: _____ Attach Location Description for each location to be insured. (See page 2 of application)

LOCATION DESCRIPTION

Provide the following information for each location to be insured. Photocopy if necessary.

8. Premises location (include county): _____

9. Full name and complete address of:

Mortgagee _____

Loss Payee _____

10. Description of operations at this location.

11. Construction: Frame Joisted Masonry Non-Combustible Other_____

Condition of Building _____ # of Stories _____ Wood Shake Roof? Yes No

Miles to Fire Station _____ Feet to Fire Hydrant _____ Distance from Ocean/Gulf _____

Year Built _____ Dates of Upgrades (if over 15 years) Wiring _____ Heating _____ Plumbing _____ Roof _____

Protection Class _____ Total Area _____ Insured's Area _____

Protection Equipment & Services in Operation:

Automatic Sprinklers Yes No Smoke / Fire Alarms Yes No

Burglar Alarms Yes No Watchman Yes No

12. Coverage & Limits for Each Location:

Building # _____ \$ _____ Coinsurance _____% Deductible _____ Causes of Loss Special

Personal Property of Insured \$ _____ Coinsurance _____% Deductible _____ Causes of Loss Special

Business Income \$ _____ % Coinsurance (50% min.)

Extra Expense \$ _____

Valuable Papers \$ _____

Accounts Receivable \$ _____

Exterior Signs \$ _____

Minicomputer / EDP (100% Coinsurance) Hardware \$ _____ Software \$ _____ Extra Expense \$ _____
(attach schedule)

Glass (attach schedule) Yes No

Replacement Cost Building Yes No

Pers. Prop. Yes No

Money and Securities Coverage Yes No If yes, provide limits Inside \$ _____
(attach Acord crime application) Outside \$ _____

This application does not bind you nor us to complete the insurance, but it is agreed this form will be the basis of the contract should a policy be issued. This form will be attached to and become a part of this policy.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

SIGNATURE: _____ TITLE: _____
(Must be signed by the Executive Director)

(Please print or type name) DATE: _____

Please retain a copy of the completed application. A copy with the required signature must be returned to our office.

PRODUCER: Will you make the surplus lines filing for this policy? ___ Yes ___ No

Your Surplus Lines License Number _____ ()

NOTICE:

- 1. THE INSURANCE POLICY THAT YOU ARE APPLYING TO PURCHASE IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED “NONADMITTED” OR “SURPLUS LINE” INSURERS.**
- 2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT THAT APPLY TO CALIFORNIA LICENSED INSURERS.**
- 3. THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.**
- 4. CALIFORNIA MAINTAINS A LIST OF ELIGIBLE SURPLUS LINE INSURERS APPROVED BY THE INSURANCE COMMISSIONER. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST, OR VIEW THAT LIST AT THE INTERNET WEB SITE OF THE CALIFORNIA DEPARTMENT OF INSURANCE: www.insurance.ca.gov.**
- 5. FOR ADDITIONAL INFORMATION ABOUT THE INSURER YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR “SURPLUS LINE” BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE, AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-4357.**
- 6. IF YOU, AS THE APPLICANT, REQUIRED THAT THE INSURANCE POLICY YOU HAVE PURCHASED BE BOUND IMMEDIATELY, EITHER BECAUSE EXISTING COVERAGE WAS GOING TO LAPSE WITHIN TWO BUSINESS DAYS OR BECAUSE YOU WERE REQUIRED TO HAVE COVERAGE WITHIN TWO BUSINESS DAYS, AND YOU DID NOT RECEIVE THIS DISCLOSURE FORM AND A REQUEST FOR YOUR SIGNATURE UNTIL AFTER COVERAGE BECAME EFFECTIVE, YOU HAVE THE RIGHT TO CANCEL THIS POLICY WITHIN FIVE DAYS OF RECEIVING THIS DISCLOSURE. IF YOU CANCEL COVERAGE, THE PREMIUM WILL BE PRORATED AND ANY BROKER’S FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.**

Date: _____

Insured: _____